

Case Management Monthly

Participant Name: Suzie Test

Month: 10/2014

Date	Start Time	Stop Time	Minutes	Activities
10/1/2014	9:00 AM	9:03 AM	3.00	phone call with provider A to discuss over utilization of respite services.
10/5/2014	4:15 PM	4:25 PM	10.00	Worked on a modification to change provider units in EMWS.
10/7/2014	3:00 PM	4:00 PM	60.00	Home Visit. Discussed services on the plan of care, completed a walk through of Suzie's home. Reviewed progress on objectives with Suzie and staff. No changes needed.
10/9/2014	8:03 AM	8:15am	12.00	Acknowledged modification in EMWS. Let team members know the modification had been approved. Printed and distributed service authorization page to the team.
10/10/2014	9:15am	10:15am	60.00	Reviewed provider documentation and PPL for service utilization. Contacted self direction provider to address over utilization of child hab services.
10/11/2014	8am	9:18 AM	78.00	Observed child hab services at the public library. Discussed progress on objectives with Suzie and her provider. Updated plan of care to reflect the needed changes.
10/12/2014	10:14 AM	10:32 AM	16.00	Reviewed medication administration records. No issues identified.
10/14/2014	8:03 AM	8:07 AM	4.00	phone call from the guardian concerning Medicaid coverage.
10/14/2014	8:15am	8:30am	15.00	Phone call to Long Term Care Unit to follow up on what paper work is needed to correct eligibility issue.
10/15/2014	4pm	5pm	60.00	Met with guardian to complete financial eligibility paperwork. Delivered the financial packet to the Long Term Care Unit.
10/17/2014	11:16 AM	11:23 AM	7.00	Received an incident report concerning missed medications. Contacted provider to set up a time to complete retraining.

Case Manager signature: _____

Date: _____

10/22/2014	4pm	4:30pm	30.00	Retrained providers on medication administration to avoid missed medications.
10/30/2014	3:30 PM	3:35PM	5.00	Completed monthly documentation.

Total Minutes

360 15 Minute units

24

Case Manager signature: _____

Date: _____